Biological Analysis Request Sheet

Instructions for Completing the Biological Analysis Request Sheet

Sample Identification Information

This information is located in the upper left-hand shaded box. It must be filled out completely by the sampler.

Project/Site No.: For sampling locations that have a permanent site designation or are part of a project that has a designated project number. (For example, a private well sampled as part of a Superfund project.) This does not need to be filled out if there is no project or site number associated with the sample.

Project Name: The designated name for the project number entered in the **Project/Site No**. It is also used for sites with no project number that are part of a larger investigation. (*For example, Industry Q might be the project name for several sites located on various streams that might be investigated in association with Industry Q.*)

Station No.: The field number assigned by the sampler that uniquely identifies the point at which the sample was taken. (*For example DC1*.)

County: Designated by the two-digit county code used by state agencies.

Description: The stream name and sample location. (For example Dirty Creek 500 yards upstream outfall 001).

Stream Mile: The stream mile of a navigable river or stream. This is important information.

Depth: The depth at which the water sample was collected. It is only needed for chlorophyll samples.

Collection Date: The date the sample was collected.

Time: The time the sample was collected in military time (24-hour clock time).

Sampler's Name: Includes the first and last name printed legibly.

Sampling Agency: The agency collecting the sample. (*For example WPC TDEC*.)

Billing Code: The TDEC billing code and cost center for purchase of laboratory services assigned to the various TDEC programs to which the analyses performed on a sample are billed. (*For example 777.88 - 99.*)

If Priority, **Date Needed**: Must be filled out if results are needed by a particular date as determined by health effect emergency or program determined priority. **ASAP is not appropriate**.

Send Report To: The person and a complete address of where the sample report should be sent.

Contact Hazard: A listing of any known hazard related to the sample (chemical, physical, or biological). **Do not put none**. Write unknown if you are not aware of a hazard.

Biological Analysis Request Sheet (Continued)

Biological Surveys

Mark the box next to the type of survey (in bold) that you would like performed. If a special type of sampling is requested, use the special studies box. Results for all surveys (except chlorophyll analysis) are in a scientific report format and are not included on this form. If chlorophyll analysis is needed, mark only the chlorophyll analysis box. Laboratory results will be entered on the lines following this entry.

Bioassays

Mark only the box next to the shaded line that describes the type of bioassay desired. The rest of the lines are results that will be provided by the laboratory. (All results are always provided. You do not need to mark any.) There are four types of bioassays offered with two different test organisms. Cd stands for Ceriodaphnia dubia and Pp stands for Pimephales promelas (fathead minnow).

All bioassay testing must be arranged in advance so that animals of the appropriate age can be ready by the required test date.

Minimum notice required:

Static screenings * one day
Static definitives, 48- and 96-hour
Chronics 7 days
14 days

(*It is possible that we may be able to run a static screening anytime. This depends on the number of tests already scheduled. Contact the Aquatic Biology Section before collecting the sample.)

Mark Chlorine Residual if the sample is chlorinated.

The laboratory parameters of pH, conductivity, D.O., and temperature are routinely run on all bioassays and do not need to be marked. **Do not put field measurements in these spaces**.

Chain of Custody

This is required by the TDEC Office of General Counsel for samples that have the potential of being used in court, reviewed by state boards, or involved in state hearings. This entire area must be filled out completely to meet chain of custody requirements. Several program areas (UST, SWM, DSF) have mandated that chain of custody be filled out on all samples

- 1. The sampler signs his name in full in the **Collected By** space with the date and military time (24-hour clock time).
- 2. If the sampler gives the sample to anyone else before it is delivered to the laboratory, each person responsible by the sample must sign their full name on the Received By space with the date and military time. The person in the laboratory who receives the sample will sign line 4.

Biological Analysis Request Sheet (Continued)

Additional Information

Completely fill out all the information under **Additional Information** including:

- 1. Approximate volume of sample.
- 2. Nearest town or city.
- 3. Others present at collection.
- 4. Number of other samples collected at the same time at this point.
- 5. Field collection procedure, handling, and/or preservation of this sample (can write SOP if a written SOP was followed).
- 6. Mode of transportation to the laboratory (state vehicle, bus, UPS, etc.).
- 7. Sample/cooler sealed by.
- 8. Date sample/cooler sealed.
- 9. Remarks.

STATE OF TENNESSEE - ENVIRONMENTAL LABORATORIES



Biological Analysis

Please Print Legibly	Saraaning Biongas:	Chronic Bioassays	Branch Lab Number
Project/Site No.	Screening Bioassays	Chronic Cd	Chain of Custody (sign full name)
roject Name	(Cannot be used for permitting)	executive control of the level	
tation No. County	48 hr Static Screening Cd	Log Number	1. Collected by
escription	Log Number	LC50 @ 24 hrs	Date Time
tream Mile Depth	LC50 @ 24 hrs	LC50 @ 48 hrs	Delivered to Date Time
ollection Date Time	LC50 @ 48 hrs	LC50 @ 72 hrs	
ampler's name (Print)	48 hr Static Screening Pp	LC50 @ 96 hrs	2. Received by
ampling Agency	Log Number	Survival	Date Time
illing Code	LC50 @ 24 hrs	NOAEC	Delivered to
Priority, Date Needed	LC50 @ 48 hrs	LOAEC	Date Time
end Report to		Reproduction	3. Received by
	Acute Bioassays	NOAEC	Date Time
	48 hr Static Definitive Cd	LOAEC	Delivered to
ontact Hazard	Log Number	IC25	Date Time
atc Reported By	LC50 @ 24 hrs	Chronic Pp	4. Rec'd in Lab by
leviewed By	LC50 @ 48 hrs	Log Number	Date Time
eviewed by	NOAEC	LC50 @ 24 hrs	Logged in by
BIOLOGICAL SURVEYS	LOAEC	LC50 @ 48 hrs	Date Time
Macroinvertebrate Recon	48 hr Static Definitive Pp	LC50 @ 72 hrs	Additional Information
Rapid Bioassessment (State SOP)	Log Number	LC50 @ 96 hrs	Approx. volume of sample
Intensive Survey - Surber	LC50 @ 24 hrs	LC50 @ 120 hrs	Nearest town or city
Intensive Survey - Dendy	LC50 @ 48 hrs	LC50 @ 144 hrs	
Fish Population Recon	NOAEC	LC50 @ 168 hrs	Others present at collection
Fish Population Intensive	LOAEC	Survival	
Fish Tissue Collection	96 hr Static Definitive Cd	NOAEC	4. Number of other samples collected at same
Chlorophyll Analysis	Log Number	LOAEC	time at this point
Log Number	LC50 @ 24 hrs	Growth	-
Chlorophyli a	LC50 @ 48 hrs	NOAEC	5. Field collection procedure, handling and/or
Pheophyton	LC50 @ 72 hrs	LOAEC	preservation of this sample
SPECIAL STUDIES	LC50 @ 96 hrs	IC25	
(Please Specify)	NOAEC		
(LOAEC	Chlorine Residual	6. Mode of transportation to lab
	96 hr Static Definitive Pp		
	Log Number	Lab Parameters	7. Sample/cooler sealed by
	LC50 @ 24 hrs	pH	
	LC50 @ 48 hrs	Cond.	8. Date sample/cooler sealed
	LC50 @ 72 hrs	D.O.	9. Remarks
1 · · · · · · · · · · · · · · · · · · ·	LC50 @ 96 hrs	Temp.	
	NOAEC	La Trader	
	LOAEC		

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